

Prepared by



inZights Consulting

JOURNEY OUTCOMES REPORT 2026

Population Risk, Engagement, and Clinical Visit Avoidance

Authorship and Disclosure

This report was prepared by inZights Consulting, LLC, based on independent, third-party health plan behavioral health data and Journey engagement data. Dr. Susan M. Zbikowski, PhD, founder of inZights Consulting, also serves as Chief Clinical Officer for Journey. The analyses and interpretations presented reflect an objective synthesis of available data and published benchmarks and are intended to provide analytic context rather than assert causal or realized financial outcomes.



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Executive Summary

Employers are facing sustained growth in mental health demand, characterized by high and rising counseling utilization, extended treatment episodes, and ongoing constraints in provider availability. In many workforces, counseling accessed through the health plan has become the default pathway for ongoing mental health support, often resulting in prolonged use rather than short-term or episodic care. Within this context, employers are increasingly seeking approaches that can support members earlier, expand access to appropriate care options, and help shape how mental health demand is met over time.

This report examines how Journey functions within that environment, drawing on third-party health plan data and Journey engagement data to assess population risk, patterns of counseling utilization, and observed engagement across proactive, preventive, and clinical services. The analysis is intended to inform employer and payer decision-making by summarizing third-party behavioral health utilization and trend data, integrating Journey engagement data, and contextualizing observed patterns of counseling use and clinical demand to support interpretation within an employer-sponsored population.

By supporting members earlier, Journey was associated with avoidance of extended counseling utilization—up to 17 visits per clinically engaged member—corresponding to an estimated \$5,000 in potential avoided costs.

Within the employer-sponsored population examined, mental health need and counseling utilization were high, indicating sustained use of behavioral health services during the reporting period. Independent health plan data indicates that approximately one in five members accessed counseling services during the reporting period, with an average of 17 visits per treated member—pointing to ongoing care rather than short-term or episodic use.

Journey reached approximately **38% of benefits-eligible members**, engaging individuals across all levels of health plan–defined medical risk. Engagement patterns showed expected early uptake followed by stabilization over time, consistent with normalization of a proactive mental health benefit rather than crisis-driven use.

Journey’s clinical services were used by a smaller proportion of members than traditional counseling accessed through the health plan. This pattern may reflect the role of proactive and preventive supports within the overall benefit design, or it may represent the current distribution of clinical demand within the population, depending on employer expectations for clinical service utilization.

Taken together, these findings suggest that Journey functions as an early-intervention pathway that operates alongside traditional counseling benefits. When interpreted in the context of published benchmarks and prior Journey evaluations, the observed patterns are consistent with Journey supporting members across multiple points along the mental health continuum—providing additional pathways for engagement and potentially influencing how mental health demand is distributed within a high-utilization population.

Estimates presented in this report are illustrative and directional, reflecting observed utilization patterns combined with external benchmarks rather than realized claims savings. The findings are intended to support strategic decision-making related to benefit design and risk management.

Population and Data Sources

Population

This analysis focuses on a defined population of **7,740 benefits-eligible employees and dependents** within the organization. Employees span instructional, administrative, and professional roles and operate within a complex organizational environment.

Data Sources and Scope

Analyses are based on:

- Independent, third-party reporting of plan behavioral health data, including medical risk stratification and counseling utilization
- Journey engagement data across awareness, preventive, and clinical services

Health plan data did not include longitudinal medical or behavioral health spend trends across multiple years. As a result, this analysis does not evaluate changes in overall medical spending over time.

Documented Mental Health Conditions in the Population

Documented mental health conditions are highly prevalent within the member population (see Figure 1). **More than one in four members (277 per 1,000)** has a recorded mental health diagnosis, reflecting diagnosed and treated conditions rather than self-reported symptoms or modeled risk.

Over the past three years, diagnosis rates for **anxiety (13%), adjustment disorders (8%), and major depression (6%)** have each increased by nearly **25%**, indicating a sustained rise in clinically recognized mental health needs.

These diagnosis rates exceed commonly cited workforce estimates, which typically suggest that approximately 20% of U.S. workers experience a mental health concern in a given year. The difference underscores that this population is not only experiencing mental health challenges, but doing so at levels that are both clinically documented and higher than national workforce norms.

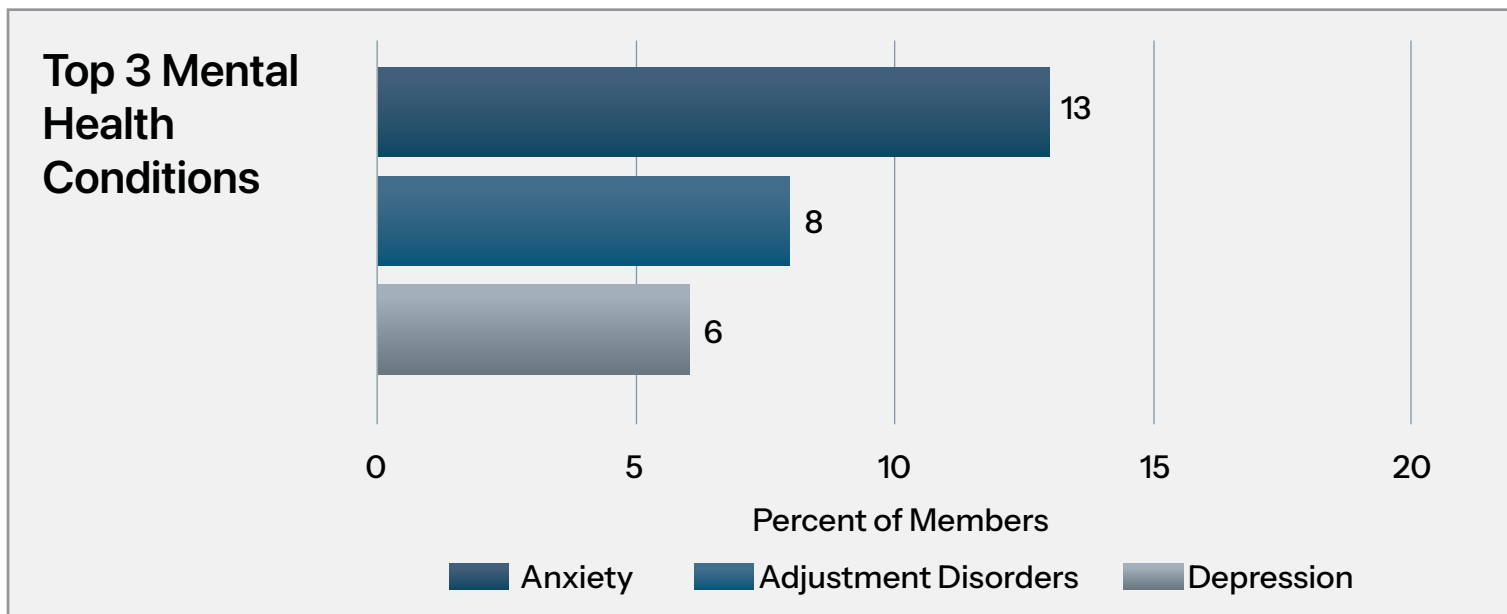


Figure 1. Top three mental health conditions among members during the last year of reporting.

Plan Medical Risk Stratification

Medical risk stratification data were available for most employees/dependents; approximately 10% of records lacked valid risk classifications and were excluded from these analyses. Medical risk stratification uses diagnosis, prior healthcare use, and pharmacy data to estimate an employee's likelihood of higher healthcare use and cost over time. While these classifications do not describe clinical severity or symptom intensity, they do reflect expected impact on healthcare spending and therefore matter to payers and employers.

Among members with valid risk data:

13%

LOW
RISK

54%

MODERATE
RISK

15%

HIGH
RISK

7%

VERY HIGH
RISK

Overall, nearly three-quarters of members fell into the moderate-to-very-high risk categories, indicating that elevated expected healthcare costs are common across the population rather than limited to a small group of high-need individuals.

Why this matters: members in higher risk categories are more likely to be driving healthcare costs today or to do so in the future. When risk is broadly distributed across the workforce, strategies that focus only on a small subset of high-cost members are unlikely to be sufficient. These findings underscore the importance of broad, accessible mental health support that can engage individuals earlier, help prevent escalation, and support more stable cost trends over time.

Members in higher risk categories are more likely to be driving healthcare costs today or to do so in the future.

Counseling Utilization Trends

Counseling utilization in this population is high and increasing. Approximately 20% of members accessed counseling services through the health plan. Among those receiving care, use was sustained rather than episodic, averaging 17 visits per treated member.

Employer-paid costs averaged \$87 per counseling session, with members paying an additional \$35 out of pocket. At 17 visits on average per treated member, this corresponds to approximately \$2,074 in annual counseling costs per member receiving care.

This estimate is conservative. National claims-based analyses from the Health Care Cost Institute indicate average annual therapy spending of roughly \$1,800 across 13 visits, which reflects higher per-session prices and higher out-of-pocket costs than those observed in this population, driven in part by greater use of out-of-network providers. While per-session costs here appear lower, the higher number of visits results in greater cumulative cost exposure over time.

Utilization growth further reinforces this pattern. While the eligible member population increased by approximately 9% since 2021, counseling utilization rose by nearly 50% over the same period, increasing by roughly 10% per year (See Figure 2) and mirroring national trends.

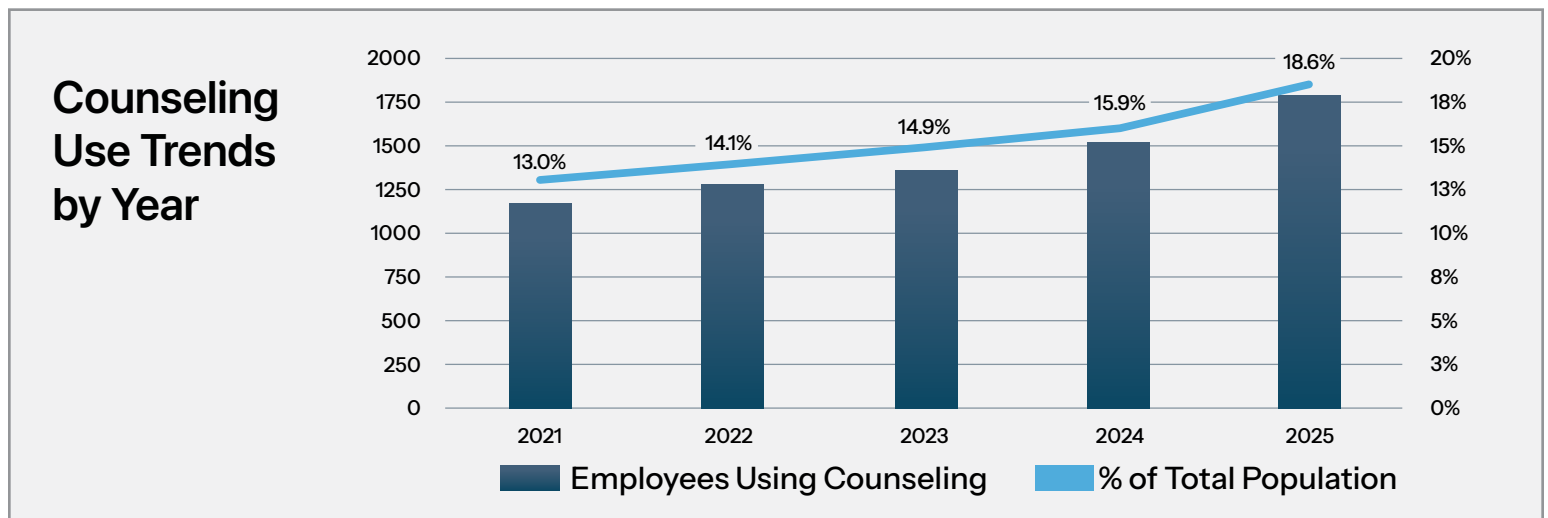


Figure 2. Counseling use among members, 2021 through 2025.

Together, these patterns reflect rising demand for counseling services and reliance on traditional care pathways for some members. In the absence of proactive, preventive mental health resources, counseling accessed through the health plan often becomes the default option for ongoing support. An average of 17 visits per treated member suggests extended use of this pathway, highlighting the role of earlier, proactive support options in complementing traditional counseling when appropriate.

Journey Reach and Engagement

Overall Engagement

Journey's proactive mental health services became available in Q3 2023. During the most recent calendar year, engagement with Journey was strong for a voluntary mental health benefit.

Approximately 38% of eligible members engaged with Journey across awareness, preventive, or clinical services. Engagement occurred across all "plan medical risk" categories, indicating that Journey reached members with a broad range of current and future healthcare cost risk, rather than being limited to healthier or lower-cost members (see Figure 3).

Based on historical data, an estimated 75% of members were aware of the Journey benefit, and roughly one in two aware members engaged, reflecting effective conversion from awareness to use.

This level of engagement is notable for a voluntary mental health program and aligns with Journey's proactive design, which brings support to members rather than relying on self-identification or help-seeking. Engagement patterns are consistent with Journey's preventive intent, reaching members earlier and more broadly than traditional, crisis-driven pathways.

Engagement by Service Type

Among members who engaged with Journey, all interacted with awareness content such as emails, articles, or videos. Nearly 45% used at least one proactive or preventive service, while approximately 2% engaged in clinical services. This distribution reflects Journey's role in supporting awareness and early engagement, with a smaller subset progressing to clinical care when appropriate.

38%

of the Covered Population Sustained Engagement



Member Participation Levels

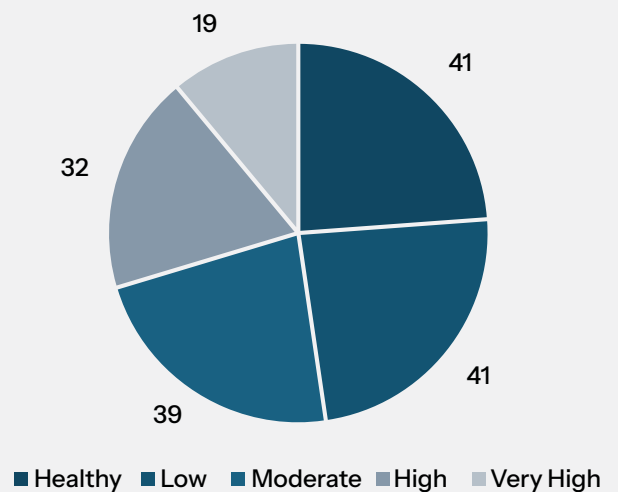


Figure 3. Member participation levels across health plan risk categories.



Engagement Over Time

Engagement was highest immediately following program launch, with nearly 3,800 members engaging in the first quarter. As expected, engagement declined modestly in subsequent quarters as initial pent-up demand normalized.

Beginning in the fourth quarter following launch, engagement stabilized at approximately 40% of the eligible population. This pattern is consistent with Journey's proactive, preventive model, which is designed to support members as needs arise rather than drive continuous or escalating use. In this context, stabilized engagement reflects normalization and integration into ongoing wellbeing strategies, with sustained engagement serving as a marker of program maturity.

Clinical Engagement and Counseling Visit Avoidance

Although a small proportion of members (102 cases, based on updated data) engaged in Journey Clinical Services, these interactions were likely associated with meaningful reductions in traditional counseling utilization. Journey clinical services function as a targeted intervention within a broader preventive ecosystem. Based on observed utilization patterns and average plan-based counseling use, engagement in Journey clinical services is estimated to have displaced up to approximately 1,700 traditional counseling visits, assuming an average of 17 counseling visits per treated member under the health plan.

This distinction is important. National data consistently show that therapy remains the dominant treatment modality in employer-sponsored mental health care. In that context, reductions in counseling use are meaningful when alternative pathways are able to meet member needs without requiring repeated therapy visits.

Notably, approximately 44% of members engaging in Journey clinical services had a documented mental health diagnosis, indicating that these services reached members with clinically recognized conditions rather than only those with subclinical concerns.

Estimated Areas of Impact

This section summarizes **illustrative economic implications** of observed utilization patterns from a payer and employer perspective. While third-party data allow for direct observation of counseling utilization and estimated visit avoidance, longitudinal claims data were not available to assess realized changes in total medical and behavioral health spending over time. As a result, the estimates below are intended to contextualize observed patterns within known cost structures for employer-sponsored mental health care.

What the Data Shows

Observed utilization patterns indicate that early clinical engagement through Journey may influence how members access traditional counseling services.

Key observations include:

- Members receiving counseling through the health plan averaged approximately **17 sessions per year**, reflecting sustained rather than episodic use.
- Among members who engaged in Journey clinical services, third-party data indicate that a meaningful number of traditional (> n= 1,700) plan-based counseling sessions were avoided during the reporting period.

These patterns suggest potential redirection of demand away from repeated counseling visits when alternative pathways are sufficient to meet member needs.



Cost Context and Assumptions

To interpret these utilization patterns, published benchmarks and organization-specific cost inputs were applied.

Typical cost ranges include:

- Employer-paid counseling session costs: **\$80–\$100 per session**
- Member out-of-pocket counseling costs: **\$30–\$40 per session**, depending on network participation

From a payer and employer perspective, even partial displacement of sustained counseling use can meaningfully affect overall cost exposure in a population with elevated mental health risk.

Additional Economic Context from Prior Evaluations

Prior Journey outcomes research provides further context for potential downstream economic effects of early and preventive engagement. Across multi-employer evaluations, engagement with Journey has been associated with:

- Reductions in emergency department utilization among approximately **3–4% of engaged members**
- Overall healthcare cost exposure reductions on the order of **several hundred dollars per engaged member per year (nearly \$600)**
- Avoidance of treatment escalation, including extended or repeated counseling episodes, among a small subset of members **(approximately 1–2%)**

National estimates for emergency department spending generally range from **\$2,500 to \$3,000 per visit**, depending on acuity and geography, meaning even modest utilization shifts can carry outsized financial implications.

Interpretation for Employers and Payers

Taken together, these findings suggest that Journey functions as a **preventive, early-intervention layer** that may influence how and where mental health demand manifests. In a workforce characterized by elevated mental health risk and sustained counseling use, small shifts away from repeated therapy visits or emergency utilization can materially affect cost exposure over time.

Importantly, these estimates are conservative and directional. They do not account for additional potential benefits such as improved productivity, reduced absenteeism, or reduced voluntary turnover. Rather than replacing traditional counseling or medical benefits, Journey appears to expand members' options for support earlier in the care pathway—helping address needs sooner and potentially mitigating escalation into higher-cost services.



Estimated Areas of Impact

(Illustrative, Mental and Behavioral Health–Related Impact; Payer / Employer Perspective)

Impact Area	What Changed	Per Engaged Member
Counseling Utilization Avoided	Fewer repeated plan-based counseling visits related to mental/behavioral health needs among clinically engaged members	~\$1,900-\$2,500
Other Medical Health Savings	Reduced downstream medical utilization associated with mental and behavioral health concerns (non-counseling)	~\$600
Emergency Department Utilization	3.5% of engaged members reported less ER use related to mental or emotional distress after Journey	~\$90-\$120
Avoided Hospital Admissions	Rare but high-cost inpatient or observation admissions associated with mental or behavioral health escalation	~\$150-\$500
Productivity & Performance	Fewer missed workdays related to mental or emotional health concerns. Improved focus and reduced work disruption related to mental and emotional health challenges (~7.5 hours saved with 1.5 multiplier)	~\$390-\$620
Retention/Turnover	Reduced voluntary turnover associated with improved mental health support and coping	~\$230-\$300
Total Estimated Impact	Combined mental/behavioral health-related health and workforce effects	~\$3,400-\$5,000 per engaged member

Estimates represent potential cost exposure avoided and value created related to mental and behavioral health concerns, not realized or guaranteed savings. Ranges are based on observed Journey outcomes, published benchmarks, and conservative assumptions. Hospital admissions are included as a directional estimate reflecting low-frequency, high-cost events. Actual results will vary by population, benefit design, and local cost structures.



Appendix A. National Context for Employer-Sponsored Mental Health Care

- **5–8%** of individuals with employer-sponsored insurance receive office-based mental health services annually
- Average **~13 therapy visits per user per year**
- Average annual therapy spend **~\$1,800 per user**, with ~\$395 out-of-pocket
- Over **50% of the U.S. population** lives in a Mental Health Professional Shortage Area

Benchmarks are provided to contextualize utilization and cost patterns observed in this report and are not intended as direct comparators.

Sources:

Health Care Cost Institute (HCCI), *Mental Health Service Use Among People with Employer-Sponsored Insurance* (February 2025);

Employee Benefit Research Institute (EBRI), *Mental Health Care Use and Spending among Individuals with Employer-Sponsored Insurance*;

U.S. Health Resources and Services Administration (HRSA), *Behavioral Health Workforce Projections and Shortage Areas*.



journey



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About Journey

Journey is a proactive mental health and wellbeing platform designed to support employees across the continuum of mental and emotional health needs. The platform combines awareness, preventive resources, coaching, and clinical support to help individuals engage earlier, build resilience, and access appropriate care when needed. Journey's approach emphasizes proactive engagement, accessibility, and integration within employer-sponsored benefit ecosystems to support workforce wellbeing, organizational resilience, and long-term health outcomes.

About inZights Consulting

inZights Consulting, LLC is a behavioral science and healthcare consulting firm specializing in engagement strategy, outcomes evaluation, evidence development, and strategic advisory support for digital health and workforce wellbeing solutions. Founded by Susan M. Zbikowski, PhD, the firm helps organizations translate behavioral science, real-world data, and user engagement insights into practical strategies that support adoption, measurable outcomes, and informed decision-making across healthcare and emerging health technologies. Learn more: [inZights-Consulting.com](https://www.inZights-Consulting.com)